

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator ABO PETROLEUM CORPORATION ✓	Well API No. 30-015-20750
Address 105 SOUTH 4th STREET, ARTESIA, NM 88210	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> AUG - 6 1992 Q.C.D. AS-1234 OFFICE	
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lario Federal	Well No. 1	Pool Name, Including Formation Undeg. Bone Springs	Kind of Lease State, Federal or 1/16	Lease No. NM-19598
Location Unit Letter F : 1650 Feet From The North Line and 1650 Feet From The West Line Section 20 Township 20S Range 27E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Amoco Pipeline Interéorporate Trucking	Address (Give address to which approved copy of this form is to be sent) 502 N. West Avenue, Levelland, TX 79336					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 20	Twp. 20	Rge. 27	Is gas actually connected? Yes	When? 5-20-91

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well X	Gas Well	New Well	Workover	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded RECOMPLETION 7-14-92	Date Compl. Ready to Prod. 8-3-92	Total Depth 8324'		P.B.T.D. 7915'				
Elevations (DF, RKB, RT, GR, etc.) 3250' GR	Name of Producing Formation Bone Spring	Top Oil/Gas Pay 6075'		Tubing Depth 6211'				
Perforations 6075-6137'					Depth Casing Shoe 8297'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 17 1/2"	CASING & TUBING SIZE 13-3/8"		DEPTH SET 419'		SACKS CEMENT 390 sx (in place)			
	8-5/8"		2750'		905 sx (in place)			
	5-1/2"		8297'		600 sx (in place)			
	2-7/8"		6211'					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank 7-25-92	Date of Test 8-3-92	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 25#	Casing Pressure -	Choke Size Open
Actual Prod. During Test 5	Oil - Bbls. 5	Water - Bbls. -0-	Gas- MCF 40

Part ID-2
8-21-92
camp BS

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Juanita Goodlett
JUANITA GOODLETT - PRODUCTION SUPVR.

Printed Name
8-4-92

Date
(505) 748-1471

Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 17 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.